



EMPLOYEE POLICY ACKNOWLEDGEMENT

_____ This acknowledges that I have received and reviewed the [PERSONNEL BY LAW](#) of the Town of Upton (“Policy”).

_____ This acknowledges that I have received and reviewed the [PERSONNEL POLICY & PROCEDURE MANUAL](#) of the Town of Upton (“Policy”) which includes the following policies:

[CORI Policy](#)

[Drug & Alcohol-Free Workplace Policy](#)

[Electronic Devices & Social Media Policy](#)

[Eligibility for Benefits Policy](#)

[Equal Employment & Affirmative Action Policy](#)

[Harassment Policy](#)

[Massachusetts Pregnant Workers Fairness Act](#)

[Summary of the Conflict of Interest Law for Municipal Employees](#)

[Work -Related Injury Practices](#)

By signing this form, I agree to abide by the Policy and any Guidelines promulgated thereunder and agree to review periodically any changes or modifications. I recognize that the law and associated Policy are continually evolving. Therefore, I understand that my regular review of this Policy, as it may be amended, is required.

Applicant’s Signature

Date

Printed Name